



Summer Day Camp Programs

July 6th – July 31st 9 AM – 12 PM

\$30 per child per week

LATE FEE (after June 1st): \$30

Each participant will receive a camp t-shirt

Camp Director: Catherine Wilson

**BRIDGEWATER DAY CAMP
REGISTRATIONS DUE BY
MONDAY, JUNE 1ST,
AT TOWN HALL.**

Visiting programs include:	Week One:	Beardsley Zoo and Connecticut Children's Museum
	Week Two:	Fire/Ice Magic & Hip Hop with Austin
	Week Three:	Mad Science & TBA
	Week Four:	Mobile Amusements & TBA

More information on these visiting programs available online at:
www.bridgewaterhall.org/recreation.html

- 1. Burnham Camp (children entering grades 1-3) 9:00 AM-12:00 PM**
Arts and crafts and physical activities designed for younger children. Bring a snack.
Director, TBA
- 2. Pavilion Camp (children entering grades 4-6) 9:00 AM – 12:00 PM**
Celebrate summer with this fully revamped program, including sports, arts and crafts, special activities, and more. Children will participate in age-appropriate structured activities during the camp day. Bring a snack. *Director, Carrie Hills*
- 3. Preschool Camp (age 4 years by December 31st, 2009- entering K) 9 AM-12 PM**
A special program designed to meet the needs of preschoolers. Program at Burnham School. Bring a snack. *Four weeks this year! Director, Tara Iannotti*
- 4. Counselor-In-Training (age 14-15) 8:45AM-12:00 PM**
Assist the Camp Staff under the supervision of the Camp Director and paid counselors. Each camper assigned to a specific group of children for the week.
Fee waived for Shepaug High School students earning Community Service hours.



BRIDGEWATER RECREATION COMMISSION

P.O. Box 216, Bridgewater, CT 06752 (860) 355-9133

Summer Camp Program 2009 Registration Form
Registrations Due: **Monday, June 1st NOON at Town Hall**
\$30 per week

DEADLINE
June 1st,
Monday NOON

Program (check one)

Week (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Pavilion Camp | (entering gr. 4-6) | <input type="checkbox"/> July 6-10 |
| <input type="checkbox"/> Burnham Camp | (entering gr. 1-3) | <input type="checkbox"/> July 13-17 |
| <input type="checkbox"/> Counselor-In-Training | (age 14-15) | <input type="checkbox"/> July 20-24 |
| <input type="checkbox"/> Pre-school Camp | (4 yrs by 12/2009,
and those entering K) | <input type="checkbox"/> July 27- July 31 |

LATE FEE (after June 1st): \$30 (no charge for C.I.T.'s)

Total enrollment cost: _____

T-shirt size (circle one) **Youth:** **XS** (2/4) **S**(6/8) **M**(10/12) **L** (12/14) **XL**(16/18)

Adult: Small Medium Large

CHILD'S NAME _____ **AGE** _____ **D.O.B.** _____

PARENT / GUARDIAN _____

ADDRESS _____

PHONE: HOME _____ **WORK** _____ **CELL** _____

Email address: _____

ALTERNATES WHO MAY DROP OFF / PICK UP CHILD:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

EMERGENCY INFORMATION

NOTIFY IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PEDIATRICIAN _____ PHONE _____

DENTIST _____ PHONE _____

EMERGENCY INFORMATION continued

1. Does your child have any allergies? _____
2. Is there any factor that makes it advisable for your child to follow a limited program of physical activity, i.e. heart condition, recent fracture, surgery, asthma or extreme fears?

3. Is there any other information, disabilities, emotional or behavioral issues our staff should be aware of?

My child has an **EIPEN**: _____ (delivered to camp on _____)

My child has an **INHALER** for **ASTHMA**: _____ (delivered to camp on _____)
(Pharmacy label is required on medical containers)

CHECK ONE: () I acknowledge my child can self-administer their **EIPEN** and/or
INHALER as prescribed by physician.
 () I authorize Camp Director to administer **EIPEN** and/or **INHALER**.

(Parent / Guardian Signature)

(Date)

MEDICAL AUTHORIZATION

I, being the parent or legal guardian of the above named minor, do hereby appoint a representative of the Bridgewater Recreation Program to act on my behalf in authorizing medical, dental, surgical care or hospitalization for the above named minor in my absence.

Parent / Guardian Signature

Date

BRIDGEWATER RECREATION COMMISSION: LIABILITY WAIVER AND RULES AGREEMENT

I/we hereby give my permission for my child, _____, to attend the Town of Bridgewater Summer Recreation program from _____ to _____.

My child **DOES / DOES NOT (CIRCLE ONE)** have permission to ride a bike to and from camp.

I will hold harmless the Town of Bridgewater, its officials, agents, instructors, directors and employees for any and all injury or damage which my child personally incurs or injury or damage to the person or property of others which my child causes or contributes to while participating in the Town of Bridgewater Summer Recreation program.

The following rules apply:

- No disorderly conduct will be tolerated. Swearing, physical contact, verbal abuse, weapons or items that could be used as weapons, will not be tolerated.
- Respect will be shown to staff and to others at all times. Parents will be notified if disciplinary actions warrant suspension or expulsion.
- Personal belongings such as toys, CD/MP3 players, hand-held games, etc. are NOT PERMITTED in camp. The Town of Bridgewater is not responsible for said items if brought to the program.
- A late fee will be imposed upon parents and guardians who are late retrieving their children at the end of the camp day.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (print) _____